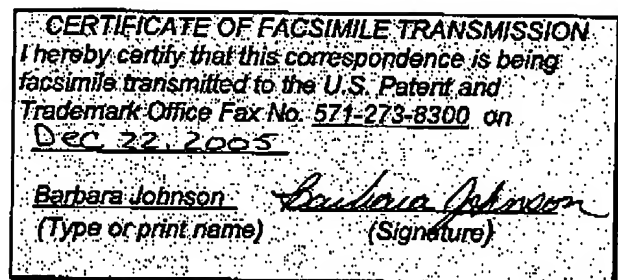


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                  |                   |                 |                 |
|------------------|-------------------|-----------------|-----------------|
| Application No.: | 10/695,295        | ) Customer No.: | 21378           |
| Applicant:       | Gonzales et al.   | ) Docket No.:   | A-2966-AU       |
| Filed:           | October 28, 2003  | ) Art Unit:     | 3763            |
| Title:           | SURGICAL GEL SEAL | ) Examiner:     | Ahmed, Aamer S. |



Dear Sirs:

Attached please find the following documents submitted for filing in reference to the above-referenced application.

1. Power of Attorney and Correspondence Address Indication Form;
2. Statement Under 37 CFR 3.731(b); and,
3. Transmittal

Respectfully submitted,

Barbara Johnson  
Applied Medical Resources

**CUSTOMER NO.: 21378**  
Telephone: (949) 713-8000  
IP Facsimile: (949) 713-8206

DEC 22 2005

PTO/SB/81 (04-05)

Approved for use through 11/30/2005, OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                    |
|------------------------|--------------------|
| Application Number     | 10/695,295         |
| Filing Date            | October 28, 2003   |
| First Named Inventor   | Joseph A. Gonzales |
| Title                  | Surgical Gel Seal  |
| Art Unit               | 3783               |
| Examiner Name          | Ahmed, Aamer S.    |
| Attorney Docket Number | A-2866-AU          |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

21378

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:


OR

|  |       |     |  |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name |       |     |  |
| Address  |       |     |  |
| City   | State | Zip |  |
| Country  |       |     |  |
| Telephone  | Email |     |  |

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

|                   |   |           |              |
|-------------------|---|-----------|--------------|
| Signature         |  | Date      | 12/16/05     |
| Name              | Nabli Hila  | Telephone | 949-713-8000 |
| Title and Company | Senior Vice President, Applied Medical Resources Corporation                        |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0851-0031

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|   |                      |                        |           |
|---|----------------------|------------------------|-----------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 10/695,295             |           |
|   | Filing Date          | October 28, 2003       |           |
|   | First Named Inventor | Joseph A. Gonzales     |           |
|   | Art Unit             | 3763                   |           |
|   | Examiner Name        | Ahmed, Aamer S.        |           |
| Total Number of Pages in This Submission  | 4                    | Attorney Docket Number | A-2966-AU |

| ENCLOSURES (Check all that apply)  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application                          | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund  | Statement Under 37 CFR 3.731(b)   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | Remarks  |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |  |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                         |
|--|-------------------------|
| Firm or Individual name                    | David G. Majdali        |
| Signature                                  | <i>David G. Majdali</i> |
| Date                                       | Dec 21, 2005            |

| CERTIFICATE OF TRANSMISSION/MAILING   |                        |
|---|------------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                        |
| Typed or printed name   | Barbara Johnson        |
| Signature   | <i>Barbara Johnson</i> |
| Date  | 12-22-05               |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/98 (11-05)

Approved for use through 07/31/2008. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Gonzales et al.Application No./Patent No.: 10/695,295 Filed/Issue Date: October 28, 2003Entitled: SURGICAL GEL SEALApplied Medical Resources Corporation

(Name of Assignee)

a Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014843, Frame 0297, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☒ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

David G. Majdall  
SignatureDec 15, 2005  
DateDavid G. Majdall  
Printed or Typed Name949-713-8233  
Telephone NumberAttorney  
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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